

## TRAVEL EXPENSE CLAIM

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CLAIMANT'S NAME William Douglas Hoffner				SSAN OR EMPLOYEE NUMBER*				DEPARTMENT Labor & Workforce Development Ag			
POSITION			BARGAINING UNIT			DIVISION OR BUREAU Labor & Workforce Development Agency				EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE E 25	
RESIDENCE ADDRESS*						HEADQUARTERS ADDRESS 801 K Street, Suite 2101				TELEPHONE NUMBER 916-327-9064	
CITY Sacramento		STATE CA		ZIP CODE 95814		CITY Sacramento		STATE CA		ZIP CODE 95814	

(1) MONTH/YEAR 05 2009	(2) Date	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) (A) COST OF TRANS	(B) TYPE USED	(8) TRANSPORTATION		(9) BUSINESS EXPENSE	(10) TOTAL EXPENSES FOR DAY	
				BREAKFAST	LUNCH	O.T., L/T, RELO. or DINNER				(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE Miles Amount			
17	0415	Sacto to Atlanta, Georgia (Sunday)	178.25	6.00	10.00	18.00	6.00	40.00	A PC T	9.00	31	\$17.050	40.00	324.300
														(Baggage)
18		Atlanta, Georgia	178.25	6.00	10.00	18.00	6.00			9.00				227.250
19		Atlanta, Georgia	178.25	6.00	10.00	18.00	6.00	29.00	T	9.00				256.250
20		Atlanta, Georgia	178.25	6.00	10.00	18.00	6.00	13.00	T	9.00				240.250
21	2315	Atlanta, Georgia to Sacto		6.00	10.00	18.00		40.00	A PC T	9.00	11	\$6.050	40.00	129.050
														(Baggage)
DELTA AIRLINES STATE CONTRACT W/SAC TRAVEL SERVICES														
(10) SUBTOTALS			713.00	30.00	50.00	90.00	24.00	122.00		45.00	42	\$23.100	80.00	\$1,177.10
COLUMN CODE (ACCTG. USE ONLY)														
<b>CLAIM TOTAL</b>														

(11) PURPOSE OF TRIP: REMARKS AND DETAILS (Attach receipts/vouchers when required) Representing California at the BIO 2009 International Convention w/TeamCalifornia CA Business Investment Services & Business Transp. & Housing Agency						(11A) Summary						(12) NORMAL WORK HOURS			
						Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Activity Code	For Fiscal Use Only				
Business Expense (DE 272 attached) Delta charges \$15 for 1st bag; \$25 for 2nd bag						Total						Document Reference		Prepared By	
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage. <i>11</i>															
CLAIMANT'S SIGNATURE <i>[Signature]</i>						DATE 5/27/09						(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>		DATE 6-4-09	
(17) SIGNATURE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse) <i>[Signature]</i>														DATE 6-5-9	



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[illegible]